

New Jersey Department of Education
OFFICE OF VOCATIONAL-TECHNICAL, CAREER AND INNOVATIVE PROGRAMS
Carl D. Perkins Vocational and Technical Education Act of 1998
and/or State Vocational Education

SPENDING PLAN TITLE PAGE - SECONDARY
Fiscal Year 2006

(Project Duration: July 1, 2005 through June 30, 2006)

Secondary Perkins Project Number: PERK _____-06		
1. Name of Eligible Recipient:		
2. Name of Chief School Administrator/College President/Agency Head:	2a. Telephone #:	
	2b. FAX #	
	2c. E-mail Address:	
3. Name of Perkins Project Director or Contact Person:	3a. Telephone #	
	3b. FAX #:	
	3c. E-mail Address:	
4. Address:	5. County Name:	
	5a. County Code:	
6. Name of Person Responsible for Data Collection:	6a. Telephone #:	
	6b. FAX #:	
	6c. E-mail Address:	
7. Board Approval Date for Submission of Application:		
8. Total Allocation:	8a. If consortium participant, amount contributed to consortium:	8b. Total Funds Requested: (8 - 8a = 8b)
\$ _____	\$ _____	\$ _____
9. Signature of Chief School Administrator:		10. Date:
_____		_____
FOR CONSORTIUM USE ONLY		
11. Consortium Agreement: _____ has been designated as the consortium Applicant/Lead Agency for this project. As an Applicant/Participating agency, I have agreed to the implementation of activities, utilization of funds, sharing of costs, and final disposition of equipment purchased with the funds as set forth in this application.		
12. Check One: <input type="checkbox"/> Applicant <input type="checkbox"/> Participant	13. Chief School Administrator Signature: _____	14. Date: _____

INSTRUCTIONS FOR COMPLETING SECONDARY TITLE PAGE

FOR NON-CONSORTIUM APPLICANTS:

NOTE: **Complete individual project number** for the appropriate application with the district/agency four-digit code.

- 1-6c. **Complete** all identifying information.
7. Enter the **date** of board approval for submission of this application. **If the approval date is after the submission, forward a copy of the board resolution and/or minutes under separate cover.**
8. Enter the eligible recipient's total net allocation amount. Consortium applicants and members refer to the section below.
- 8a. **Enter zero (0)** if not a consortium member.
- 8b. **Enter total funds** requested for this application.
9. The **Chief School Administrator** must sign.
10. **Enter the date** of the signature.

Note: Item 8b will reflect the full amount requested for individual applicants, or the full amount requested for the consortium on a consortium applicant summary page. Leave Item 8b blank for all consortium participant pages.

Non-consortium districts/colleges/agencies do not complete items 9 through 12.

FOR CONSORTIUM APPLICATION ONLY:

ALL PARTICIPATING AGENCIES (PARTICIPANTS) in the consortium (including the consortium applicant/lead agency) must complete an individual Title Page for submission with the consortium application. All consortium members must contribute all of their grant funds to the consortium. If a participant has \$0 grant funds, the board must still approve participation in the consortium.

Note that the **consortium project number** ends with the letter C. (i.e. PERK 0000 – 06C)

1-6c Complete all items.

7. **Enter the date** the applicant's board approved, or will approve, the contribution of the district's allocation to, and/or participation in, the consortium (Item 6). A copy of a board resolution is required if the application is submitted **prior** to board approval. Consortium participants should forward copies of resolutions to the consortium applicant.
8. **Complete items 8 and 8a** for the funds contributed to the consortium. Each item should contain the district's total net allocation. Item 8b will be zero. If the participant has no allocation items 8, 8a, and 8b will be zero (0).
11. **Enter the name** of the consortium applicant/lead agency.
12. Check (✓) participant line.
13. The **chief school administrator** of each consortium participant (including the consortium applicant) must sign.
14. **Enter the date** of the signature.

Send the completed **Title Page** and signed **Statement of Assurances** to the consortium applicant/lead agency.

CONSORTIUM APPLICANT/LEAD AGENCY TITLE PAGE: In addition to the individual Title Page, the consortium applicant **must complete** a Title Page summarizing all funds being contributed by all members of the consortium.

Enter the **consortium project number**. Note that the **consortium project number** ends with the letter C. (i.e. PERK 0000 – 06C).

1-6c. Complete identifying consortium applicant information.

7. Enter the date of Board Approval for the submission of the consortium application. **If the approval date is after the submission, forward a copy of the board resolution and/or minutes under separate cover after the resolution has been passed.**
8. **Enter entire consortium allocation.** This represents a sum total of all funds being contributed by all members of the consortium.
- 8a. **Enter \$ 0**
- 8b. **Enter total funds** requested. This is the same amount entered in item 8.
11. **Enter the name** of the consortium member applicant/lead agency.
12. **Check (✓) applicant line.**
13. The **chief school administrator** of the consortium applicant/lead agency must sign.
14. **Enter the date** of the signature.